PITTMAN TRANSITION: HEALTHY COMMUNITIES

QUESTIONS AND ANSWERS
ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
DECEMBER 19, 2018

Questions follow a general overview by the Department leadership regarding its organization, scope, funding and priorities.

1. What are the Health Department's greatest successes in the past 3-4 years? What are its greatest challenges?

Successes:

Behavioral Health

- Maryland Opioid Rapid Response (MORR) Triage and Transition to Treatment virtual network of providers was developed.
- Opioid Dashboard - A new electronic treatment dashboard was created in 2017 to provide near real-time information on available drug treatment beds.
- Overdose Survivors Outreach Services (ODSOS), which is a partnership between Anne Arundel County Department of Health, Anne Arundel Medical Center (AAMC) and the University of Maryland Baltimore Washington Medical Center (BWMC) was established to provide outreach to opioid users and overdose survivors.
- Naloxone Distribution - Since beginning naloxone distribution in 2014, nearly 5,000 kits have been distributed to the community and the use of bystander naloxone has increased from 5% to 84%.
- Expansion of Primary Care Providers (PCP) Office-Based buprenorphine providers
- Prescribing of opioids in Anne Arundel County has decreased. In 2017, two mailings on safe opioid prescribing practices were sent to more than 1,800 licensed County physicians.
- Substance Use Disorders (SUD) Mobile-Friendly Toolkit for Primary Care Providers (PCP)
- A new medication-assisted drug treatment clinic was opened in Annapolis in 2016 with a capacity to serve 150 clients.

Disease Prevention and Management

- Building the necessary infrastructure to respond to public health needs.
  Some examples are data collection and monitoring – we hired 3 epidemiologists; created numerous dashboards to look at data and track trends over time; enhanced monthly reporting; integrated technology – electronic medical records, video DOT, utilization of apps and services for clients (Uber Health, Ping, etc.), HDAlerts, HAN, text messaging and our aahealth.org website.
- Integrating substance abuse strategies in all programs. Some examples are Community Education – outreach and information; HIV/STI: Sexual Health in Recovery; and Disease Surveillance - Looking at the correlation between substance use/abuse and disease.

- Increasing capacity to address the rising rates of STI infections - Issued RFP to expand provider capacity for screening and treatment; Applied for grants for specific STI (including gonorrhea prevention). Initiated hepatitis C screening program with linkage to care for positive cases.
- Maintained robust emergency preparedness program with development of a multi-year training and exercise plan. Have strong partnerships with County and City OEM, Police and Fire; State and National partners; military partners; BWI. Using the Incident Command System, the Department has the capacity and knowledge to respond to real world events, notably the Capital Gazette shooting, mass dispensing and severe weather events.

Environmental Health

- Rodent Control Program - The Environmental Health Bureau has been able to work with the residents of the Brooklyn Park area to reduce the number of rodents. This has been accomplished by continued education, free pesticide services and free trash containers, followed by enforcement where needed. Housing violations related to rodents dropped 60% between May and October 2017.
- Hotel Inspections - Through enhanced inspections, violations at inspected hotels dropped 40% between 2016 and 2017.
- Mosquito Control Program – In partnership with the Maryland Department of Agriculture, the communities formerly on a spraying waiting list, have now been sprayed. The list has been eliminated.
- Raccoon Oral Rabies Vaccination Program - By continuing the ORV Program the bureau has kept the number of positive rabid animals low. From 2014 to 2017, the County's annual distribution of vaccine baits resulted in a 55% decrease in animal rabies cases.

Family Health Services

- Expanded WIC and Dental services in northern Anne Arundel County.
- Expanded healthcare insurance enrollment services to northern Anne Arundel County and to jail and detention center inmates prior to their release.
- Linked 218 low-income emergency department patients seeking dental care to community dentists supported by a multi-year grant awarded in 2017.
- AERS and Department of Aging partnered to improve processes for ensuring that comprehensive assessments were conducted in a timely manner to determine the least restrictive setting for seniors and individuals with disabilities. Average wait time for STEPS evaluations for elderly and disabled residents dropped 40% between 2016 to present and the average wait list was reduced by 25%.

School Health Services

- Developed a nationally recognized Opioid Awareness/Prevention Training Program for the pediatric population in a school setting - the first Maryland school health program to supply each school with Narcan.
- Worked with AACPS and the AACODOH Behavioral Health Bureau to create a Screening Teens for Access to Recovery (STAR) program.
- Created and presented a community outreach Opioid Awareness and Prevention Program on pain management for AACPS employees, teachers, coaches, parents and student athletes at Meet the Coach nights.
- Have funded a part-time child and adolescent therapist to support school health nurses in caring for students with substance misuse and/or mental health concerns.

Challenges:

Behavioral Health

- Workforce shortages complicate hiring and increase vacancy/length of vacancy.
- There is a lack of available data to evaluate interventions/impact. Also, statistical modeling is complicated and there are limited national outcome measures to use as a comparison.
- The public behavioral health system has been in constant and significant change over the past 3-4 years, coinciding with the opioid epidemic.
- The focus on the "opioid" epidemic versus a substance use disorder (SUD) epidemic may create an opportunity for a new drug crisis.

Disease Prevention and Management

- Employee retention - Based on exit interviews, employees leave due to poor pay and few opportunities for advancement both of which lead to low morale.
- Funding - Cost of doing business continues to rise (e.g. vaccines cost more each year, salaries and fringes continue to rise). The Department of Health continues to be level funded or receives cuts in funding. Rising costs with level funding means less direct services for County residents and programming becomes limited.
- Inability to move forward with developing and implementing progressive, evidence-based harm reduction programs to decrease infections transmitted through sexual activity and injection drug use. .

Environmental Health

- Every year, the county's number of food service facilities continues to increase, yet the number of inspectors stays constant, which makes it more difficult to reach the 100% inspection rate.

Family Health Services

- There is a need to expand client services in southern Anne Arundel County and look at making MCHP client services mobile.

School Health Services

- Staff turnover

2. What is the status of the ongoing integration of the Department of Health's Behavioral Health Services and the Anne Arundel Mental Health Agency into a Local Behavioral Health Authority?

   a. How will the integrated agency be organized and to whom will it report?
   b. What will be its principal activities?
   c. When do you expect full integration to be completed?
   d. Do you anticipate administrative savings from this integration, and if so, will those funds be moved into treatment programs?
   e. How will this affect the relationship between the CSA and the LAA?

Answer:

The LAA and CSA have been engaged in dedicated integration efforts for some time. There are

formal agreements in place to share responsibilities, communication and information. These meetings have included the Health Officer and Board Chair. Currently, the LAA and CSA are participating in a BH Integration workgroup/learning collaborative at the state level. The state has proposed several models of integration.

Anne Arundel County is developing an LBHA model that combines the strengths of both a nonprofit and government entity model with an advisory council while minimizing limitations inherent in the separate models. This strengthens the relationship between the CSA/LAA. This is an active process that is in development and often discussed at all levels.

Possible Advantages:

- Equal seats at the table to ensure integrated systems management, without either being subsumed
- Maintains ability to tap into advantages offered by the local government and the nonprofit entity structures, such as attracting multiple types of funding unique to each
- Ability to leverage strengths of each, such as workforce and business practices
- Allows the behavioral health of county residents to fall within the domain of public health

3. How is the effectiveness of behavioral health services evaluated on an ongoing basis?

   a. What data are collected and used for this purpose?
   b. What entity is responsible for oversight?

Answer:
While the Department of Health and the Anne Arundel County Mental Health Agency Inc. are the designated authorities for the county for publicly funded services, we have limited "authority" to enforce quality. The authority for publicly funded services resides with the State. However, we have agreements to cooperate with all licensed/certified programs and the agreements allow us access to resolve complaints/concerns.

Proactively, there is a monthly meeting co-chaired by the LAA and CSA for all providers. There is also considerable outreach and technical assistance offered to treatment and recovery providers.

Currently, available behavioral health data is accessible through Beacon Health and is limited to individuals with medical assistance. The CSA/LAA are currently working with the Behavioral Health epidemiologist to develop outcome measures that are indicative of the county's behavioral health by utilizing existing data and determining measures of social connectedness and recovery. This includes statistical modeling to determine the likely impact of interventions on community health. An ultimate goal is the development of a dashboard for ongoing reporting.

4. The County is commended for its Safe Stations initiative as well as mental health crisis services. Please explain how you ensure continuity of care for patients after they depart from a Safe Station.

   a. After a patient with a substance use disorder has been evaluated, what criteria are used to determine which treatment center is appropriate? Insurance is obviously important, but what are other considerations?

Answer:
The criteria used to determine treatment placement include past treatment history, withdrawal

management needs, individuals' medication assisted treatment (MAT) status, gender, mental health needs and bed availability. Clients are provided with information to make informed choices for treatment.

b. Has there been consideration of expanding the type of provider who can transport patients from Safe Stations to the next stage of their care? For example, could Peer Recovery Specialists (PRS) be used in situations where licensed clinicians are not immediately available? If this were possible, could PRSs be allowed to use county cars for these transportation purposes, thereby saving reimbursement money that would have to be paid out for the use of personal vehicles?

Answer:
Allowing the peers to use county vehicles to transport clients has been explored, however, client transport is not allowed by county policy. Personal vehicles are not used to transport clients. Transport occurs via taxi voucher or Uber (reimbursed by a state grant). MA transportation is also utilized when possible.

Licensed clinicians responding to a safe station call in a CRS vehicle may transport a person to a treatment program/crisis bed. CRS also employs transport staff, who are not clinicians, to transport clients. Safe Stations also use taxis and Ubers. PRS staff do not transport clients but will use a taxi or Uber.

5. What are the Health Department's plans for expanding the availability of Opiate Addiction Treatment Centers and Medication-assisted Treatment (MAT) beyond the two centers in North and South County? Are there other MAT clinics in the county?

Answer:
In addition to the Department of Health's three RTR clinics, the county has five other Medication Assisted Treatment (MAT) clinics: All Care, EJAL, New Journey, Starting Point, and We Care.

The county has an active buprenorphine expansion effort to increase the number of Primary Care Physicians (PCP) offering buprenorphine to their patients. A staff person provides outreach to PCP, organizes relevant training (with CMEs) and serves as a resource to PCPs who have patients in need of a higher level of care. The Department of Health is also working with both hospitals to create the opportunity for ED-based buprenorphine induction, with transfer to community providers.

The county is also working on utilizing a mobile wellness vehicle to access hard-to-reach individuals and engage them into treatment, beginning buprenorphine induction onsite.

6. Are there any workgroups or taskforces that are looking at some of the key issues surrounding the current treatment programs for substance abuse disorders and workforce issues associated with them?

Answer:
The Co-Occurring Disorders Committee has developed a core curriculum for treating co-occurring disorders. The curriculum has been reviewed by the University of Maryland Evidenced Based Practices and the Danya Institute. The county is currently working with the Danya Institute to develop a mentoring program pairing senior clinicians with junior clinicians in order to foster clinical skill development. The CSA/LAA use the curriculum as a guideline for designing and providing low cost training to enhance the

SUD continuum. Additionally, both CSA/LAA are active with the Maryland Association of Behavioral Health Authorities in order to provide feedback to the various licensing (and certification) boards and provide input into state policy development.

7. What factors explain the recent resignations from the Department of Health?
Answer:
This depends on which resignations are being referenced. There are a number of reasons why staff leave their workplace:
    - Retirements,
    - Increased salary or career opportunities, or
    - Personal reasons.

We work within the very competitive Washington, DC and Baltimore region, which pay far higher salaries than what we are able to pay under the constraints of the County and State personnel systems.

For example, Peer Support Specialists with other organizations are paid $17.50/hr. starting salary, while we pay $14.50/hr. We have proposed to County Human Resources the implementation of a training and certification process geared toward developing and promoting newly-hired peers.

8. What efforts has the Department undertaken, or is planning, to increase diversity?
Answer:
Below are demographics that represent the County's diversity and our diversity:

AA County Employee Demographics as compared to County Residents

Race	Residential Percentage	County Government-Wide Employee Percentage	AADOH Employee Only
White	70.3%	70%	75%
Black	15.6%	16%	16.34%
Hispanic	7.0%	1%	5.45%
Asian	3.6%	1%	0.26%
Other	3.5%	12%	2.95%

Anne Arundel County Department of Health Minority Total: 25%

The Workforce Development Plan, developed in 2016, is a five-year plan with the primary focus of ensuring that the Department of Health has a standard process by which we hire, retain, train, develop and promote staff. This plan was approved by the Health Officer and implemented in mid-2017 through our Training and Development Unit in Human Resources (HR). The process included conducting a series of focus groups whereby we sought the staff members' feedback on everything from their opinions on diversity, equity in the workplace, and policies and procedures. It provided HR an opportunity to listen and clarify, where needed, various misconceptions regarding the recruitment process and listen to various concerns that the staff expressed. The exercises provided us with a basis for the development of the following mandatory training modules:

- Cultural Competency Training
- Corporate Compliance - Outlines policies, procedures and actions within a process to help prevent and detect violations of laws and regulations.

- County Diversity Training - Mirrors the State's online training but is an in-person module that all are required to attend
- Ethics - Enables employees to identify and deal with ethical problems and develop their moral intuitions, which are implicit in everyday choices and actions
- HIPAA (Health Insurance Portability and Accountability Act)
- New Employee Orientation
- Sexual Harassment

Training is not just exclusive to a session or two. It has become part of a day-to-day ongoing conversation with employees and management. If there is an issue that may arise within a small or large unit within the Department of Health, management is swift to act and deploy a statement reinforcing the department's commitment to a safe, diverse and harassment free workplace. The Department of Health is focused on engaging all who work at the Department of Health and we are very sincere about our ongoing efforts to implement policy in a fair and consistent manner.

9. What plans are there to increase health care services in county schools? Specifically, what are plane to increase behavioral health and addiction services?

Answer:

1. **School Health Services, in collaboration with Anne Arundel County Public Schools (AACPS) and Behavioral Health Services, created a:**
    a. STAR Program (Screening Teens for Access to Recovery)
        1) This program is similar in nature to Safe Stations in fire departments. Students seeking help with their substance abuse disorder can walk into any health room, virtually speak with one of Behavioral Health's child and adolescent counselors, and get connected to services. The School Health Services and Behavioral Health Services bureaus soon will launch this telehealth screening program to help AACPS address addiction services for high school students.

2. **Providing Mental/Behavioral Health Issues in Schools:**
    a. In local school systems, School Health is under the division of Student Services along with school psychologists, social workers, school counselors, and pupil personnel workers. In accordance with Maryland Education law and COMAR, it is the role of school psychologists and school counselors to address the mental/emotional needs of students. This model also aligns with the CDC's 'Whole School, Whole Community, Whole Child' framework that addresses health in schools.
    b. Since students with mental health disorders are seen in the health room (often due to a physical manifestation of their symptoms), school nurses work in collaboration with their school's student services team members.

3. **Training for School Health Staff:**
    a. Our staff has also received Mental Health First Aid training by the Anne Arundel County Mental Health Agency.
    b. In order to ensure our staff are knowledgeable and informed members of the team to combat the opioid crisis we partnered with Johns Hopkins University School of Medicine and United States Department of Justice Drug Enforcement Administration to provide professional development to all School Health staff on the national and local impact of the opioid crisis as well as signs and symptoms of addiction.

4. **Expanded School-Based Mental Health Program**:

c. To assist with addressing the mental health needs of students, AACPS has partnered with six external health care providers to help meet the mental health needs of students who are Medicaid eligible. The program is called Expanded School Based Mental Health. As of school year 2016-2017, this program was in 105 schools and served 2,000 students.

10. Has there ever been consideration for a "One Door" policy for county residents seeking services from the Health Department and Social Services? Is there some overlap where merging services would make it more client-centered?

Answer:

Behavioral Health Services

Behavioral Health Services has significant interaction with the Department of Social Services (DSS) formally and informally.

Informally, our clinics interact with DSS Case Managers when there is a DSS involved case in the clinic. In our Adolescent and Family Services Program, if DSS has custody, they are involved in our treatment planning meetings on the case and there is frequent communication. In our other clinics, with the appropriate releases, we staff cases together. We also work with some of the multi-disciplinary teams from time to time and participate in projects with them:

- CRICT Team (Community Resource Initiative/Care Team)
- CFRT (Child Fatality Review Team)
- FORT (Fatal Overdose Review Team)
- FIMR (Fetal Infant Mortality Review)

Formally:

- We have several projects utilizing intergovernmental agreements:
  - A Peer is embedded with DSS in-home services.
  - DSS has 50 MAT (Medically Assisted Treatment) slots available, that give them priority admission.
  - We have an Addiction Specialist that provides consultation and assessment to Child Protective Services (CPS) team on substance use disorder (SUD) issues.
  - We provide SUD and MAT training to DSS upon request.
  - DSS CPS provides training to our programs on mandated reporting items.

- Other initiatives:
  - The Department of Health's Healthy Start Program and DSS are working together to implement a special DSS unit focused on SENS (Substance Exposed Newborns).
  - The Department of Health will receive a new grant from the State Behavioral Health Administration to provide funding for peer support for pregnant women with substance use disorders, who are engaged with DSS, to provide them with education and resources to access treatment.

Family Health Services

DSS is actively involved in Child Fatality Review (CFRT), Fetal Infant Mortality Review (FIMR) and the Substance Exposed Newborns Review Team. The Maryland Children's Health Program (MCHP) interfaces with DSS at least weekly concerning applicants for Medicaid. DSS would be the appropriate agency to enroll them because of the additional entitlements received. Maternal and Child Health

receives referrals from DSS for services and we refer cases of abuse and neglect to DSS.

Adult Evaluation and Review (AERS) receives DSS referrals for services and refers to DSS in cases of suspected neglect and abuse for seniors and persons with disabilities.

The Department of Health's WIC, Dental, ACCU and REACH programs receive referrals from DSS and they refer back as needed.

Anne Arundel County Mental Health Agency, Inc.

The partnership between the Anne Arundel County Mental Health Agency (AACMHA), the agency's Crisis Response System (CRS) and the Department of Social Services (DSS) continues to be productive. The partnership positively affects both children and adults served in the public behavioral health system.

On the children's system side, across the state, there are four placing agencies for Residential Treatment Centers (RTC). Those agencies are the Department of Juvenile Services, Department of Social Services, the Board of Education and the Mental Health Agency. The families accessing RTC through the Department of Social Services, with the Voluntary Placement Agreement (VPA), are charged child support toward the cost of the placement. Unfortunately, for many families in Anne Arundel County, this creates a financial crisis. Because of the partnership between the AACMHA and DSS, families can be placed in a RTC for the first 30 days by DSS and in most cases are able to be transferred to the AACMHA on the first day of the second month of placement, when the Medical Assistance becomes active. Once the transfer happens, the family is released from the VPA and is no longer responsible for the cost of placement. The AACMHA then steps in and can provide support to the child and the family and becomes responsible for discharge planning when the youngster returns home.

Another helpful aspect to the partnership between AACMHA and DSS is around the Local Care Teams. This team is legislated to have all the child servicing agencies meet on a regular basis. Anne Arundel County has been a model team for the State of Maryland and has provided training to other counties on implementation and partnership building. The open and collegial partnership between the AACMHA and DSS allows families to access behavioral health services in the community in a planned and thoughtful manner.

Finally, within the children's system, the partnership between the DSS Family Preservation Program and the AACMHA is imperative for the success of the families serviced. The AACMHA can provide the behavioral health resources for the children and the adults being serviced by Family Preservation. Family Preservation can provide services to families who may not qualify for more intensive services in the public behavioral health system. This partnership ensures that all families in Anne Arundel County can access services and can reduce the number of children removed from their homes.

Within the adult services system, the partnership between the two agencies is incredibly beneficial. DSS operates the homeless outreach team in Anne Arundel County. Within DSS there are several limitations as to what the agency can do for homeless individuals. As a private not-for-profit, the AACMHA and its Crisis Response team are able to fill in the gaps quickly and seamlessly. The DSS outreach team can connect the individual or family experiencing homelessness to the CRS team for 24/7/365 responses. Once connected to CRS, the Care Coordinators can apply quickly for benefit and access emergency shelter during non-business hours. In addition to Care Coordination, the AACMHA is the recipient of Federal HUD funding for a Continuum of Care (COC) for individuals and families experiencing chronic homelessness. All participants in the COC accessing funding for 58 housing vouchers are referred from the Housing Assess List that is kept by DSS. The AACMHA staff and DSS staff coordinate this

seamless process of getting chronically homeless individuals with behavioral health conditions into permanent supported community-based housing.

A unique portion of this partnership is that the AACHMA contracts with DSS for an entitlement worker to work out of CRS and other partner behavioral health agencies to expedite benefits for individuals with significant behavioral health needs. Anne Arundel County is the only county to successfully implement this type of partnership.

Finally, in the adult system, DSS coordinates the Winter Relief Program with Arundel House of Hope. With both agencies operating during regular business hours, there was a gap identified for after-hours emergency placements that AACMHA's CRS was able to fill. Homeless individuals identified, typically by the police, during the winter months are still able to access the Winter Relief Program after regular business hours. A CRS team is dispatched to the location of the homeless individual for assessment and transport to the Winter Relief Program. CRS refers the individual to CRS Care Coordination to connect the individual to behavioral health services and all eligible entitlements. Without this partnership, homeless individuals would have to sleep on the streets until they were able to access shelter services the following day.

The partnership between public agencies and private not-for-profit agencies in Anne Arundel County is beneficial not only to the individuals being served but to the county as well. When gaps are identified or if no public agency can provide a service or a link to a service, the AACMHA is able to fill the gap seamlessly so that the individual accessing services will never know there was a systems gap. Anne Arundel County has been the leader statewide on creating unique partnerships and developing programs between public and private agencies.

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The following information is provided as a follow-up to questions from the County Executive on December 18, 2018 and from Mike Drummond during the Transition Team meeting on December 19, 2018.

The County Executive asked about the number of buprenorphine Rx in the county.

From Jan 1, 2018 to Dec 17, 2018, over 31,000 buprenorphine prescriptions were filled by 3,724 individuals in Anne Arundel County.
By age:
1,653 were filled by 15-24 year olds
11,654 by 25-34 year olds
8,724 by 35-44 year olds
5,488 by 45-54 year olds
3,497 by 55-64 year olds
700 by age 65+

Mike Drummond asked about the number of outpatient treatment providers in the county.
There are 22 certified programs (non OTP), eight of which offer buprenorphine and/or Vivitrol. Additionally, there are eight certified OTPs in the county. There is one known OMHC (Outpatient Mental Health Center) that offers buprenorphine (Pascal).